

U.S. DISTRICT COURT  
N.D. OF N.Y.  
FILED

MAR 18 2010

LAWRENCE K. BAERMAN, CLERK  
ALBANY

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
7002 0510 0003 4362 6454	
Postage \$	3/12/2010 <input checked="" type="checkbox"/> <del>PK</del>
Certified Fee	Postmark Here
Return Receipt Fee (Endorsement Required)	07mg 240
Restricted Delivery Fee (Endorsement Required)	# 884
Total Postage & Fees \$	
Sent To JOHN COURTNEY	
Street, Apt. No., or PO Box No. 476 ROUTE 11, CHAMPLAIN, NY 12917	
City, State, ZIP+4	
PS Form 3800, January 2001 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) M. Parrotte</p> <p>B. Date of Delivery 3/15/10</p> <p>C. Signature x Maria R. Parrotte <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>JOHN COURTNEY 476 ROUTE 11 CHAMPLAIN, NY 12917</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number ( 7002 0510 0003 4362 6454</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>